

## 2009 WIC Participant Survey

Thank you for helping us to improve the WIC program by completing the following survey. Your input is very important to us and will be kept strictly confidential.

For each of the following questions, please circle the number that best represents your response.

<b>How would you rate your treatment by WIC Staff?</b>	<b>1</b> Excellent	<b>2</b> Good	<b>3</b> Fair	<b>4</b> Poor
<b>How useful is the information you receive from your WIC appointments?</b>	<b>1</b> Very Useful	<b>2</b> Somewhat Useful	<b>3</b> Not Very Useful	<b>4</b> Not Useful
<b>How satisfied are you with your overall WIC experience?</b>	<b>1</b> Very Satisfied	<b>2</b> Somewhat Satisfied	<b>3</b> Not Very Satisfied	<b>4</b> Not Satisfied

What could we do to improve?

Please place your completed survey in the WIC Participant Survey box.

May 2009, Region # \_\_\_\_\_ Clinic # \_\_\_\_\_

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